

EVOLUTIONARY BIOLOGY

Dates: July 6th-10th, 2009

Location: Roosevelt, Utah

Credit: USOE or 3 Southern Utah University semester hours

Instructor: John Taylor, Mike Wakefield

Instructor Contact Information:

John Taylor 435.865.8699 taylorjr@suu.edu

Registration Fee and Deposit: \$275 registration fee; \$45 deposit payable to Southern Utah University

Send registration form and deposit to:

John Taylor- Biology Department
Southern Utah University
351 W. University Blvd.
Cedar City, UT 84720

Registration Contact Information:

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Course Description: This summer, come together with other teachers and delve into the realm of evolutionary biology. In this five-day course, you will have the opportunity to learn how the organisms that make up the diversity of life on earth are intricately intertwined. Learn how species around us are shaped by processes that we can see in action today. Spend time at the Dinosaur National Monument to obtain a glimpse of how life in the past was shaped. This course can be used for evolution or zoology credit towards a science endorsement.

All course communication will be made thru the email address provided on your registration form. (Please provide an out of school summer contact for much of the correspondence may occur during the summer prior to the beginning of the course.)



2009 Science Professional Development Registration Form

(Duplicate as Necessary)

Mail to:

Workshop Contact:

Workshop Title	Date	Location	Registration Fee

Contact Information:

Teacher: _____
District: _____
School: _____
Grade Level/Subject: _____
Home Address: _____
City: _____ Zip: _____
Home phone: _____
School phone: _____
CACTUS # : _____
E-mail: _____

Commitment to Attend & District Approval:

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: _____

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # _____ enclosed **OR**

☐ **SCHOOL** _____ **OR**
Principal

☐ **DISTRICT** _____
District Representative

**Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

Return this completed registration form and your refundable deposit check to the above listed workshop contact.

A separate registration form must be submitted for each workshop you plan to attend.